

INTRODUCTION

Person-centered care involves recognizing the whole person we care for and appreciating that each person has multiple identities and is multidimensional. Sexual orientation (SO) and gender identity (GI) are core aspects of a person. They affect individuals in many ways throughout one's life span. For instance, SO and GI influence a person's sense of self, social connections, interests, health and well-being.

There is a growing awareness of the unmet needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) older adults residing in nursing homes. By including specific questions and response options to the *Preferences for Everyday Living Inventory* (PELI) that pertain to SO and GI we:

- Raise awareness and educate our staff about LGBT inclusion and cultural sensitivity.
- Convey that the care team/provider recognizes and affirms the existence of LGBT individuals and families.
- Provide opportunities for individuals to self-disclose their SO and/or GI.
- Increase our ability to provide competent care and appropriate support to meet the needs of and promote the wellbeing of LGBT individuals and families.

Asking questions that are inclusive of the LGBT community helps to heal the history of discrimination they have faced from the medical world. Even if none of these questions are answered or lead to disclosure, they send the message that the LGBT community is recognized and welcomed.

TERMINOLOGY

- **Sexual orientation (SO)** = Describes who one is attracted to emotionally, romantically and/or sexually. It encompasses attraction; behavior; & identity.
- **Gender identity (GI)** = A person's innermost concept of being a boy, man, girl, woman, or another gender. One's GI may not correspond with one's physical anatomy, or gender assigned at birth. GI does not determine SO.

There are a variety of acronyms used by the LGBT community for instance, LGBTQIA (Lesbian, Gay, Bisexual, Queer or Questioning, Transgender, Intersex, Asexual). We use the term LGBT in its most inclusive sense to include all non-heterosexual sexual orientations and/or multiple gender identities. Please note that labels and terms have changed over time and resonate differently for individuals.

- Be sensitive and open to the language and labels individuals use (and do not use) for themselves.
- Pay attention, and use the language and labels individuals use to self-identify.

● "COMING OUT" - WHAT YOU NEED TO KNOW

The expression "Coming out" refers to the act of disclosing or revealing one's own SO or GI (this includes self-discovery, coming out to one's self). This is an ongoing process. Just as each person is unique, people will have different coming out experiences. Important aspects of this process to consider include:

- Be open to learn about each person as a unique individual with a unique life journey.
- Some people only come out to a few individuals in their life time, *respect this confidentiality*.
- Not everyone will self-identify with a label or wants to be put into a category, *do not make assumptions about what term or label a person uses to describe their identity*.
- During an individual's life time, their SO and/or GI may change.
- *Listen carefully to the words individuals use*, as people may talk in code or drop clues to disclose or "test the waters" to see if it is safe to come out to a certain person or within a certain situation. For instance, someone might say that they are "part of the family," "a friend of Dorothy," "on the down low," or "have a roommate."

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- “Outing” is when someone reveals another person’s SO or GI without permission. It is up to each individual to decide whether and how to discuss and reveal their SO and GI, *respect this decision*.

It is important to ask these questions of all individuals, but their response should always be optional and no one should be forced to disclose their SO and/or GI. It is a privilege to have someone feel comfortable and safe enough to come out to you. But they may not want that information shared with others. Only document on the medical record or disclose to the care team what an individual has consented for you to share.

• FOLLOW-UP QUESTIONS FOR THOSE WHO CHOOSE TO DISCLOSE:

- Individuals may talk in “code”, don’t be afraid to ask them what a “code” word means, for example, “*I want to make sure I understand you fully, what did you mean by ____?*”.
- Individuals may disclose to you, but may not want that information shared with others. If someone discloses, make sure to follow up with: “*Thank you for sharing, are you comfortable with me sharing this information with the rest of the care team?*”
- Honor the person’s request for disclosure. If a person does not wish to share this information with anyone else on the care team, do not document the information in their medical record. Explain to the person that if at any point they change their mind, this information will only be used to ensure the best possible care and support.

• IMPLEMENTATION SUGGESTIONS FOR PROVIDERS

- Offer cultural sensitivity training for LGBT older adults as in-service training for staff – at all levels of the organization
- Provide LGBT resources for individuals receiving care and their loved ones.
- Have an LGBT champion within the organization who can support other staff and individuals receiving care.
- Consider creating a Task Force or Employee Workgroup to inspire culture change and educational efforts.
- Consider participating in the Healthcare Equality Index (HEI). <http://www.hrc.org/hei>
- Environmental cues, such as a rainbow flag, poster, brochure, sticker or sign from LGBT organizations such as, Human Rights Campaign, National Resource Center on LGBT aging, SAGE, PFLAG, Fenway Institute, GLMA, GLAAD, or the National Coalition for LGBT Health can communicate visually to individuals that the LGBT community is welcomed, recognized, and embraced.
- Build a trusting relationship with the interviewee prior to the interview.
- Conduct PELI interviews in a safe space (in a private space).
- Be mindful that this may be the first time people are asked about their SO and/or GI, and they may feel uncomfortable. You can ease concerns by explaining that everyone is asked these questions because we don’t want to make assumptions about who anyone is. We want to assist individuals to thrive and flourish in their environment.
- Remind people that they can ask staff not to document information they share in the interview if they would like that information to be kept confidential.

• WHERE YOU WILL FIND CHANGES TO THE PELI

We incorporated additional options to the follow up questions in the PELI-NH Full version. For example, if someone says being a member of a club is very important, we added LGBT club and PFLAG as options. Follow up questions and response options have also been added to provide opportunities for an individual to disclose their gender identity and expression. This includes providing a wider range of options for preferred pronouns for each person (we do not want to assume we know someone else’s SO and GI).

Do not assume. Let people tell you who they are.

The new SO and GI follow-up questions and response options that have been added to the PELI include:

Q01, Q07, Q20, Q30, Q32, Q34, Q45, Q47, Q48, Q49, Q53, Q54, Q60, Q67, Q68

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